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## BIB DATA SHEET

CONFIRMATION NO. 3166

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/749,102	12/30/2003 RULE	417	3626	5909A (112713-1157)

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## \*\* CONTINUING DATA \*\*\*\*\*

This appn claims benefit of 60/444,350 02/01/2003  
 and claims benefit of 60/488,273 07/18/2003  
 and claims benefit of 60/528,106 12/08/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 03/11/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and /KRISTINE K RAPILLO/ Acknowledged Examiner's Signature		Initials	WI	58	58	3

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 UNITED STATES

## TITLE

System and method for notification and escalation of medical data

FILING FEE RECEIVED 1584	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit